

Guide to Determining Presumptive Eligibility for Pregnant Women



wisconsin **Medicaid**
and BadgerCare
Information for Providers
Department of Health and Family Services

Contacting Wisconsin Medicaid

Web Site		<i>dhfs.wisconsin.gov/</i>
The Web site contains information for providers and recipients about the following: <ul style="list-style-type: none"> • Program requirements. • Publications. • Forms. • Maximum allowable fee schedules. • Professional relations representatives. • Certification packets. 		Available 24 hours a day, seven days a week
Automated Voice Response System		(800) 947-3544 (608) 221-4247
The Automated Voice Response system provides computerized voice responses about the following: <ul style="list-style-type: none"> • Recipient eligibility. • Prior authorization (PA) status. • Claim status. • Checkwrite information. 		Available 24 hours a day, seven days a week
Provider Services		(800) 947-9627 (608) 221-9883
Correspondents assist providers with questions about the following: <ul style="list-style-type: none"> • Clarification of program requirements. • Recipient eligibility. • Resolving claim denials. • Provider certification. 		Available: 8:30 a.m. - 4:30 p.m. (M, W-F) 9:30 a.m. - 4:30 p.m. (T) Available for pharmacy services: 8:30 a.m. - 6:00 p.m. (M, W-F) 9:30 a.m. - 6:00 p.m. (T)
Division of Health Care Financing Electronic Data Interchange Helpdesk		(608) 221-9036 e-mail: <i>wiedi@dhfs.state.wi.us</i>
Correspondents assist providers with <i>technical</i> questions about the following: <ul style="list-style-type: none"> • Electronic transactions. • Companion documents. • Provider Electronic Solutions software. 		Available 8:30 a.m. - 4:30 p.m. (M-F)
Web Prior Authorization Technical Helpdesk		(608) 221-9730
Correspondents assist providers with Web PA-related <i>technical</i> questions about the following: <ul style="list-style-type: none"> • User registration. • Passwords. • Submission process. 		Available 8:30 a.m. - 4:30 p.m. (M-F)
Recipient Services		(800) 362-3002 (608) 221-5720
Correspondents assist recipients, or persons calling on behalf of recipients, with questions about the following: <ul style="list-style-type: none"> • Recipient eligibility. • General Medicaid information. • Finding Medicaid-certified providers. • Resolving recipient concerns. 		Available 7:30 a.m. - 5:00 p.m. (M-F)

T Table of Contents

Preface	3
General Information	5
Provider Certification	5
Eligibility Criteria	6
Applications	6
Obtaining Forms	6
Eligibility Verification	6
Duration of Benefits	7
Extensions	7
Applying for Full-Benefit Medicaid	7
Covered Services	8
Claims	8
Appendix	9
1. Instructions for Completing the Presumptive Eligibility for Pregnant Women Application	11
2. Sample Presumptive Eligibility for Pregnant Women Application	17
Index	19

Preface

This Guide to Determining Presumptive Eligibility for Pregnant Women is issued to all Medicaid-certified presumptive eligibility providers.

Medicaid is a joint federal and state program established in 1965 under Title XIX of the federal Social Security Act. Wisconsin Medicaid is also known as the Medical Assistance Program, WMAP, MA, Title XIX, and T19.

Wisconsin Medicaid is administered by the Department of Health and Family Services (DHFS). Within the DHFS, the Division of Health Care Financing is directly responsible for managing Wisconsin Medicaid.

All-Provider Handbook

All Medicaid-certified providers receive a copy of the All-Provider Handbook, which includes the following sections:

- Certification and Ongoing Responsibilities.
- Claims Information.
- Coordination of Benefits.
- Covered and Noncovered Services.
- Informational Resources.
- Managed Care.
- Prior Authorization.
- Recipient Eligibility.

Providers are required to refer to the All-Provider Handbook for information about these topics.

Medicaid Web Site

Publications (including provider handbooks and *Wisconsin Medicaid and BadgerCare Updates*), maximum allowable fee schedules, telephone numbers, addresses, and more information are available on the Medicaid Web site at dhfs.wisconsin.gov/medicaid/.

Publications

Medicaid publications interpret and implement the laws and regulations that provide the framework for Wisconsin Medicaid. Medicaid publications provide necessary information about program requirements.

Legal Framework

The following laws and regulations provide the legal framework for Wisconsin Medicaid:

- Federal Law and Regulation:
 - ✓ Law — United States Social Security Act; Title XIX (42 US Code ss. 1396 and following) and Title XXI.
 - ✓ Regulation — Title 42 CFR Parts 430-498 and Parts 1000-1008 (Public Health).
- Wisconsin Law and Regulation:
 - ✓ Law — Wisconsin Statutes: 49.43-49.499 and 49.665.
 - ✓ Regulation — Wisconsin Administrative Code, Chapters HFS 101-109.

Laws and regulations may be amended or added at any time. Program requirements may not be construed to supersede the provisions of these laws and regulations.

General Information

The Presumptive Eligibility (PE) for Pregnant Women Benefit is a limited benefit category that allows a pregnant woman to receive immediate pregnancy-related outpatient services while her application for full-benefit Medicaid is processed.

The Presumptive Eligibility (PE) for Pregnant Women Benefit is a limited benefit category that allows a pregnant woman to receive immediate pregnancy-related outpatient services while her application for full-benefit Medicaid is processed. Eligibility is not restricted based on the recipient's other health insurance coverage. Therefore, a pregnant woman who has other health insurance may be eligible for the benefit.

Provider Certification

Presumptive eligibility providers determine whether or not a woman qualifies for the PE for Pregnant Women Benefit. The following types of providers may be certified to make PE determinations:

- Clinics that provide prenatal care services.
- Family planning clinics.
- Federally qualified health centers.
- Nurse practitioners.
- Outpatient hospitals.
- Physicians.
- Providers participating in the Special Supplemental Nutrition Program for Women, Infants and Children.
- Rural health clinics.

Providers may be certified to make PE determinations if they provide services typically provided by one of the following:

- Clinics furnished by or under direction of a physician (s. 1905[a][9] of the Social Security Act).
- Outpatient hospitals (s. 1905[a][2][A] of the Social Security Act).
- Rural health clinics (s. 1905[a][2][B] of the Social Security Act).

In addition, providers are required to participate in a program established under one of the following:

- A state perinatal program defined as a physician, nurse practitioner, certified nurse midwife, family planning clinic, outpatient hospital, or other clinic that provides prenatal medical care to Medicaid recipients.
- The Indian Health Services or a health program or facility operated by a tribe or tribal organization (the Indian Self-Determination Act — Public Law 93-638).
- The Special Supplemental Nutrition Program for Women, Infants and Children (s.4(a) of the Agriculture and Consumer Protection Act of 1973).

OR receive funds under one of the following:

- The Community Health Centers or Migrant Health Centers (s. 329 or 330 of the Public Health Act).
- The Maternal and Child Health Services Block Grant Programs (Title V of the Social Security Act).
- Title V of the Indian Health Care Improvement Act.

Providers are required to be Medicaid-certified or have submitted an application for Medicaid certification. Providers may submit their application to become a PE provider with their Medicaid certification application. Providers should refer to the Certification and Ongoing Responsibilities section of the All-Provider Handbook for information about obtaining certification packets and the certification process.

Eligibility Criteria

To qualify for the PE for Pregnant Women Benefit, a woman must meet the following criteria:

- Her pregnancy is medically verified (by a pregnancy test). Refer to Appendix 1 of this guide for pregnancy verification criteria.
- Her household's gross income does not exceed 185 percent of the Federal Poverty Level (FPL) guidelines. Refer to the Recipient section of the Medicaid Web site for the most current FPL guidelines.

There is no asset test for the PE for Pregnant Women Benefit.

Applications

Refer to Appendices 1 and 2 of this guide for the application completion instructions and a sample copy of the Presumptive Eligibility for Pregnant Women Application form, HCF 10081.

Upon completion, the PE provider is required to submit the application to Wisconsin Medicaid. Wisconsin Medicaid must receive the application within five working days after the determination is made. Providers should submit the application by fax to (608) 221-8815 or by mail to the following address:

Wisconsin Medicaid
Presumptive Eligibility
6406 Bridge Rd
Madison WI 53784

Obtaining Forms

Providers may submit an electronic request for the form by completing an electronic order form (DMT 25A). The DMT 25A and instructions for ordering forms electronically are available from the Department of Health and Family Services (DHFS) Web site at dhfs.wisconsin.gov/forms/PrintFormsOnline.htm.

Providers may also submit requests by fax to (608) 266-1096 or by mail to the following address:

Forms/Publications Manager
Division of Health Care Financing
PO Box 309
Madison WI 53701-0309

When requesting the form, providers should indicate the form name, form number, and the quantity needed.

Eligibility Verification

The PE provider may issue a beige PE for Pregnant Women Benefit identification card for a woman to use temporarily until she receives a Forward card. The identification card is included with the Presumptive Eligibility for Pregnant Women Application. The PE for Pregnant Women Benefit card has the following message printed on it: "Outpatient Pregnancy-Related Care." The PE provider should indicate the dates of eligibility on the card.

Providers should accept the card as proof of eligibility for those dates and are encouraged to keep a photocopy of the card.

When Wisconsin Medicaid receives the application, a woman who meets the requirements for the PE for Pregnant Women Benefit is established on the Medicaid Eligibility Verification System (EVS). Once PE is established on the EVS, a Forward card is sent to the woman.

Medicaid providers should *always* verify a recipient's eligibility before providing services, both to determine eligibility for the current date and to discover any limitations to the recipient's coverage. Most recipients, whether they are eligible for all services or limited services, receive a Forward card.

When Wisconsin Medicaid receives the application, a woman who meets the requirements for the PE for Pregnant Women Benefit is established on the Medicaid Eligibility Verification System (EVS).

Eligibility information for specific recipients is available from the EVS. The EVS is used by providers to verify recipient eligibility, including whether the recipient has other health insurance coverage or is in a limited benefit category. Providers can access the EVS a number of ways, including the following:

- 270/271 Health Care Eligibility Benefit Inquiry/Response transactions.
- Automated Voice Response System.
- Commercial eligibility verification vendors (accessed through software, magnetic stripe card readers, and Internet).
- Provider Services.

Refer to the Recipient Eligibility section of the All-Provider Handbook for more information about verifying recipient eligibility.

Coverage under the PE for Pregnant Women Benefit begins the date the PE provider determines that the woman meets the criteria for the benefit.

Duration of Benefits

Coverage under the PE for Pregnant Women Benefit begins the date the PE provider determines that the woman meets the criteria for the benefit.

Coverage under the PE for Pregnant Women Benefit ends on the earliest of one of the following:

- The day a woman's eligibility for full-benefit Medicaid is established.
- The end of the month following the month the woman is determined presumptively eligible if the woman:
 - ✓ Does not apply for Wisconsin Medicaid.
 - ✓ Is determined ineligible for Wisconsin Medicaid.

Extensions

When appropriate, providers should inform women that their county/tribal social or human services agency or Medicaid outstation site may extend the duration of the PE for Pregnant Women Benefit. To receive an extension, a woman is required to file an application for full-benefit Medicaid on or before the last day of the PE period.

Applying for Full-Benefit Medicaid

Since the PE for Pregnant Women Benefit is a limited benefit that is also temporary, pregnant women should apply for full-benefit Medicaid while receiving services through the PE for Pregnant Women Benefit. Providers should remind women that, despite their receiving Forward cards, applying for Wisconsin Medicaid is necessary to receive full Medicaid benefits, including inpatient delivery.

Presumptive eligibility providers may assist women with completing the Medicaid application at the same time PE determination takes place. The following may be requested electronically from the DHFS Web site by completing an electronic order form (DMT 25A):

- Medicaid, BadgerCare, and Family Planning Waiver Registration Application, HCF 10129.
- Wisconsin Family Medicaid, BadgerCare, and Family Planning Waiver Program Application, HCF 10100, and completion instructions.

These forms, in addition to the Medicaid/FoodShare Wisconsin Authorization of Representative form, HCF 10126, may be downloaded from the Recipient section of the Medicaid Web site. All of these forms may also be requested by faxing or mailing a request to the DHCF Forms/Publications Manager.

After completing the application, the recipient should be referred to a county/tribal social or human services agency or Medicaid outstation site where the woman can apply for full-benefit Medicaid. A list of county/tribal social or human service agencies and Medicaid outstation sites is available on the Recipient section of the Medicaid Web site.

Covered Services

Under the PE for Pregnant Women Benefit, women are eligible only for Medicaid-covered pregnancy-related outpatient services. This includes prenatal care and other services that are directly related to the pregnancy and the outcome of the pregnancy. Medicaid-certified providers may provide these services. No separate certification is required.

Women in the PE for Pregnant Women Benefit are not enrolled in Medicaid HMOs; services provided to these women are reimbursed on a fee-for-service basis. If eligibility is established for full-benefit Medicaid, these women may be enrolled in Medicaid HMOs.

Claims

Providers should delay submitting claims for services provided to these women for one week from the eligibility start date to ensure the eligibility information is transmitted to Wisconsin Medicaid and to prevent claims from being inappropriately denied.

Wisconsin Medicaid accepts properly completed and submitted claims for covered services provided to women with a PE for Pregnant Women Benefit identification card as long as the date of service is within the dates of eligibility as shown on the card.

If Wisconsin Medicaid denies a claim with an eligibility-related explanation, even though the provider verified the woman's eligibility before providing the service, a good faith claim may be submitted. Refer to the Claims Information section of the All-Provider Handbook for information about submitting good faith claims.

P Providers should delay submitting claims for services provided to these women for one week from the eligibility start date to ensure the eligibility information is transmitted to Wisconsin Medicaid and to prevent claims from being inappropriately denied.

A Appendix

Appendix 1

Instructions for Completing the Presumptive Eligibility for Pregnant Women Application

Section I — Nonfinancial Eligibility

Determine if the woman is a candidate for the Presumptive Eligibility (PE) for Pregnant Women Benefit by having her complete Section I, including questions 1 and 2.

If the woman is already receiving Medicaid benefits, stop here.

If the woman is not a U.S. citizen, inform her that she does not qualify for the PE for Pregnant Women Benefit. She may be eligible for other Medicaid benefits, but she must apply at her county/tribal social or human services agency or Medicaid outstation site. Go to Section IV. Check the appropriate box indicating why PE cannot be determined, sign and date the form, and have the woman sign and date the form. Detach and discard the bottom portion of the application and give one copy of the application to the woman. A copy should be retained for the provider's files. Submit the third copy by fax to (608) 221-8815 or by mail to the following address:

Wisconsin Medicaid
Presumptive Eligibility
6406 Bridge Rd
Madison WI 53784

Section II — Financial Eligibility

For PE determinations, the financial test is based on anticipated income. For this calculation, use the actual income expected during the month. (For example, a woman applying any time in September will use expected income for September.) Use the expected hours of work and expected dependent-care expenses to calculate the employment expense and dependent-care deductions.

Line 1

To be determined presumptively eligible, the woman must meet the income limits for the appropriate family or household size.

When determining the household size, include all family members living with the pregnant woman as indicated in the following examples:

- For women under age 18, include the pregnant woman, her parents if she has never been married, her minor natural or adopted siblings (full or half) living in the household, her minor natural or adopted children living in the household, and the number of unborn fetuses.
- For unmarried women who are age 18 or older, include the pregnant woman, her minor natural or adopted children living in the household, and the number of unborn fetuses.
- For married women, include the pregnant woman, her spouse if he is living in the household, her minor natural or adopted children living in the household, and the number of unborn fetuses.

Appendix 1 (Continued)

Line 2

Add all gross *earned* income (amount of money earned before any deductions are made).

Earned income includes the following:

- All other payments resulting from labor or personal service.
- Commissions.
- Salaries.
- Tips.
- Wages.

Include self-employment income. Self-employment income is income earned directly from one's own business, rather than earned as an employee with a specified salary or wages from an employer. Deduct costs when calculating self-employment income. Use the monthly average for this calculation. If the business is ongoing and no changes have taken place, use the previous year's tax statement and divide by the number of months of operation.

Convert gross earned income (amount of money earned before any deductions are made) to the monthly total and enter the amount.

Line 3

Enter a \$90 work-related expense deduction for each employed household member.

Line 4

Enter the allowable amount of dependent care. If necessary for employment, actual dependent care for a dependent child (child care) or for an incapacitated adult (adult day care) may be determined as follows:

- Up to \$175 per dependent child age two or older or incapacitated adult per month.
- Up to \$200 per dependent child under age two per month.

Line 5

Add lines 3 and 4 and enter the total.

Line 6

Subtract line 5 from line 2 and enter the total.

Appendix 1 (Continued)

Line 7

Add *unearned* income and enter this amount. Unearned income includes, but is not limited to, the following:

- Pensions, annuities, insurance benefits, Social Security benefits using gross amounts (e.g., Social Security disability), Veterans' benefits, military allotments, and Workers' Compensation.
- Payments received for the rental of rooms, apartments, dwelling units, buildings, or land (if not reported as self-employment income). Taxes and the expense of upkeep may be deducted.
- Child support payments (deduct \$50 per month from total child support payments).

Do *not* include the following income sources:

- Supplemental Security Income.
- Wages of full-time or part-time students (unless the person is a part-time student who is employed full time).
- Student loans or grants, regardless of source, including work study.
- Reimbursement for expenses that the woman has incurred or paid, except for reimbursement for normal household living expenses such as rent, clothing, or food eaten at home.
- Foster care or subsidized adoption payments.
- Life insurance policy dividends.
- Earned Income Tax Credits payments.
- Payments made by a third party directly to landlords or other vendors.
- Governmental (federal, state, or local) rent and housing subsidies, including payments made directly to the woman for housing or utility costs (e.g., U.S. Department of Housing and Urban Development utility allowances).

Do *not* include the following nutrition-related benefits:

- FoodShare Wisconsin.
- Any United States Department of Agriculture (USDA)-donated food (surplus commodities) and other emergency food.
- Home produce that household members use for their own consumption.
- Supplemental food assistance received under the Child Nutrition Act of 1966, as amended.
- National School Lunch Act, as amended.
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC).
- Emergency Food and Shelter National Board Program and the Federal Emergency Management Assistance Program (P.L. 98-8), such as food vouchers and/or cash.
- The USDA's Child Care Program.

Line 8

Add lines 6 and 7 and enter the total.

Line 9

Compare the household's total net income (line 8) to the Federal Poverty Level (FPL) guidelines. The household's income must be at or below 185 percent of the FPL. The FPL guidelines are revised annually and are available on the Recipient section of the Medicaid Web site.

Note: If the pregnant woman or a household member has been ordered by a court to pay child support to a person who is not a household member, the amount of the child support should not be included in the total net income.

Appendix 1 (Continued)

Section III — Verification of Pregnancy

Complete pregnancy verification information. Providers may accept written verification of the pregnancy and due date from a physician, physician assistant, licensed nurse practitioner, registered nurse working in Maternal and Child Health, registered nurse working in a publicly funded family planning project, or a certified nurse midwife as verification of the pregnancy. Acceptance of this written verification means that providers do not need to perform an additional pregnancy verification.

Section IV — Notice

If the income eligibility limits are met and the provider has medically verified the woman's pregnancy, the woman is presumptively eligible. The provider should check the appropriate boxes and sign the application.

If the woman is not presumptively eligible, providers are required to do the following:

- Check the appropriate box on the form indicating the reason for the woman's ineligibility.
- Sign and date the form.
- Have the woman sign and date the application indicating that she understands that, even though the provider has not found her presumptively eligible, she may still be eligible for Wisconsin Medicaid. Encourage the woman to apply for Wisconsin Medicaid at her county/tribal social or human services agency or Medicaid outstation site.
- Inform the woman that she may be eligible for WIC and provide her with a copy of the WIC pamphlet from the Division of Public Health. For further information, refer to the WIC Web site at dhfs.wisconsin.gov/wic/.
- Detach and discard the bottom portion of the application and provide the woman with a copy of the form. This will serve as the woman's notice of denial of eligibility. Retain a copy for your files and mail a copy to Wisconsin Medicaid.

Section V — Temporary Identification Card

Complete the following items on the temporary (beige) card if the woman is presumptively eligible:

- Card validity dates. Coverage under the PE for Pregnant Women Benefit begins the date the PE provider determines that the woman meets the criteria for the benefit and continues until the end of the following month (e.g., a woman whose presumptive eligibility begins June 6 is eligible through the end of July).
- Medical status code. Check "PE" if the household income is at or below 133 percent of the FPL or check "P2" if the household income is at or below 185 percent of the FPL.
- Social Security number (SSN). Enter the woman's SSN and add a zero on the end. If the woman does not have an SSN, providers are required to call Recipient Services at (800) 362-3002 or (608) 221-5720 to obtain a pseudo-number. In this situation, the pseudo-number should be entered in lieu of an SSN. Wisconsin Medicaid will return the application if an SSN or a pseudo-number is not recorded.
- Agency code. Enter the agency code assigned to the provider.
- Woman's name and address. Print or type the woman's full name and address in the box provided at the bottom of the card.

Appendix 1 (Continued)

Providers are then required to do the following:

- Have the woman sign the application.
- Inform the woman that coverage under the PE for Pregnant Women Benefit begins the date the PE provider determines that she meets the criteria for the benefit and continues until the end of the following month.
- Inform the woman that she should apply for full-benefit Medicaid while receiving services through the PE for Pregnant Women Benefit since the benefit is a limited benefit that is also temporary.
- Inform the woman that her county/tribal social or human services agency or Medicaid outstation site may extend the duration of the PE for Pregnant Women Benefit if the woman files an application for full-benefit Medicaid on or before the last day of the PE period.
- Give the woman a copy of the Presumptive Eligibility for Pregnant Women Application. Explain to the woman that this will serve as verification of her pregnancy when applying for full-benefit Medicaid.
- Detach the bottom portion of the application for the woman to use as a temporary Medicaid identification card. This card entitles the woman to Medicaid-covered pregnancy-related outpatient services provided by a Medicaid-certified provider.
- Inform the woman that a Medicaid Forward card will be mailed to her and, despite receiving the card, applying for full-benefit Medicaid is necessary to receive full Medicaid benefits, including inpatient delivery.
- Inform the woman that she may be eligible for WIC and provide her with a copy of the WIC pamphlet from the Division of Public Health. For further information, refer to the WIC Web site.
- Mail or fax the Presumptive Eligibility for Pregnant Women Application to Wisconsin Medicaid. Wisconsin Medicaid must receive the application within five working days after the day the determination is made.
- Mail a copy of the completed form to the county/tribal social or human services agency or Medicaid outstation site where the woman will apply for full-benefit Medicaid.
- Explain to the woman that a PE determination does not guarantee that her county/tribal social or human services agency or Medicaid outstation site will find her eligible for full-benefit Medicaid because other requirements must also be met.

Appendix 2

Sample Presumptive Eligibility for Pregnant Women Application

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Health Care Financing
HCF 10081 (Rev. 11/04)

STATE OF WISCONSIN

103.03(4), Wis. Admin. Code

WISCONSIN MEDICAID

PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN APPLICATION

Providing or applying for a Social Security Number (SSN) is voluntary; however, any person who wants Wisconsin Medicaid but does not provide an SSN or apply for one will not be eligible for benefits. SSNs and personally identifiable information will be used only for the direct administration of the Medicaid Program.

SECTION I — NON-FINANCIAL ELIGIBILITY

Client Information		Preferred language (other than English) in which to receive information:	
Name — Client (Last, First, M.I.)		Birth Date (MM/DD/YY)	Telephone Number
Address (Street / P.O. Box, City, State, Zip Code)			County of Residence
1. Are you currently eligible for Wisconsin Medicaid? (If "Yes", stop here.)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Are you a U.S. citizen? (If you answered "No" to question 2, stop here. The provider cannot determine your presumptive eligibility.)		<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION II — FINANCIAL ELIGIBILITY

1. How many family members, in the same household, live on this income? Include the number of medically verified fetuses.	
2. Enter the amount of money earned monthly before any deductions. Include spouse's income or, if client is a never-married minor living with her parent(s), include parent(s) income. NOTE: Include any self-employment income minus costs (use monthly average).	\$
3. Enter allowable work-related expense deduction for each employed household member.	\$
4. Enter allowable amount of dependent care.	\$
5. Enter total allowable deductions (add lines 3 and 4).	\$
6. Enter net-earned income (subtract line 5 from line 2).	\$
7. Enter total unearned income (VA, SSA, contributions, unemployment compensation, etc.).	\$
8. Enter total net income (add lines 6 and 7).	\$
9. Compare the total net income (line 8) with the monthly standard for the appropriate family size from the income guidelines. Does the client meet the eligibility income limits?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION III — VERIFICATION OF PREGNANCY

Positive pregnancy.	Expected delivery date (MM/DD/YY)
---------------------	-----------------------------------

SECTION IV — NOTICE

10. <input type="checkbox"/> I certify that the above-named client has a medically verified pregnancy, and that based on the preliminary information provided above, she qualifies for Wisconsin Medicaid presumptive eligibility for pregnant women. I have informed her of the requirement to apply by mail, telephone, or in person at her county/tribal social or human services agency by the end of the month following the current month.		
OR		
<input type="checkbox"/> I have determined that the above-named client is not presumptively eligible for Wisconsin Medicaid for the following reason(s)		
<input type="checkbox"/> She is currently eligible for Wisconsin Medicaid.	<input type="checkbox"/> She is not a U.S. citizen.	<input type="checkbox"/> She is not a resident of Wisconsin.
<input type="checkbox"/> She does not qualify under the income guidelines.	<input type="checkbox"/> Her pregnancy cannot be verified.	
Name — Qualified Provider (Type or Print)	Address — Qualified Provider	
SIGNATURE — Qualified Provider	Medicaid Provider Number	Date Signed
11. <input type="checkbox"/> I certify, under penalty of false swearing, that the information on this application and given in connection with it is a true and complete statement of facts according to my best knowledge and belief. I understand that in order to be determined eligible for Wisconsin Medicaid, I must apply by mail, telephone, or in person before the end of the month following the month in which I was determined eligible for presumptive eligibility and that my presumptive eligibility also ends on that date.		
OR		
<input type="checkbox"/> I understand that I do not meet the eligibility requirements for Wisconsin Medicaid presumptive eligibility. The qualified provider named above has informed me that I may still apply for Wisconsin Medicaid.		
SIGNATURE — Client		Date Signed

SECTION V — TEMPORARY IDENTIFICATION CARD

This card identifies you as being eligible to receive outpatient pregnancy-related care through the Wisconsin Medicaid program. You may receive these services from any Medicaid provider. You must present this card <i>before</i> receiving care.	Card Validity Dates (MM/DD/YY)		Medical Status Code	Social Security Number	Agency Code
	From	Through	<input type="checkbox"/> PE <input type="checkbox"/> P2		
	Client Name and Address			This card entitles this individual to receive outpatient pregnancy-related care through the Wisconsin Medicaid program from certified Medicaid providers during the time period listed. The individual listed has been determined presumptively eligible for Wisconsin Medicaid in accordance with s.49.465, Wis. Stats.	
WISCONSIN MEDICAID TEMPORARY PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN IDENTIFICATION CARD					

Index

Applying for the Presumptive Eligibility for Pregnant Women Benefit

- general information, 6
- completion instructions for application, 11
- sample application, 17

Applying for Wisconsin Medicaid, 7

Certification, 5

Covered Services, 8

Eligibility Criteria, 6

Eligibility Verification, 6

Duration of Benefits

- extensions, 7
- general information, 7

Identification Cards, 6

